



Updated: 7/1/2008

# IDAHO DEPARTMENT OF HEALTH & WELFARE

## Developmental Disability Codes – Idaho Medicaid

Procedure Code	Modifier	Description	Allowed Amt.
<b>A0080</b>	U8	Non-Medical Transportation Provided by an Agency (1 Unit = 1 Mile) Provided by an Individual (1 Unit = 1 Mile)	\$4.44 \$.10
<b>0919B</b>		Agency Affiliation with a single CFH (1 Unit = 1 Day)	\$7.96
<b>8296A</b>		Interpretive Services (1 Unit = 1 Hour)	\$12.16
<b>90801</b>		Psychiatric Diagnostic Interview and Exam (1 Unit = 15 Minutes)	\$17.33
<b>90847</b>		Family Medical Psychotherapy (1 Unit = 15 Minutes)	\$13.52
<b>90847</b>	U4	Family Medical Psychotherapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$13.52
<b>90853</b>		Group Medical Psychotherapy (1 Unit = 15 Minutes)	\$4.10
<b>90853</b>	U4	Group Medical Psychotherapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$4.10
<b>90862</b>		Pharmacological Management (1 Unit = 1 Visit)	\$52.91
<b>90887</b>		Collateral Contact (1 Unit = 15 Minutes)	\$9.94
<b>92506</b>		Speech Evaluation (1 Unit = 1 Evaluation/Day)	\$131.28
<b>92507</b>		Individual Speech Therapy (1 Unit = 15 Minutes)	\$14.23
<b>92508</b>		Group Speech Therapy (1 Unit = 15 Minutes)	\$6.66
<b>96101</b>		Psychiatric Testing for Diagnosis/Evaluation - Psychologist/Physician (1 Unit = 1 Hour)	\$62.45
<b>96102</b>		Psychiatric Testing for Diagnosis/Evaluation - Technician (1 Unit = 1 Hour)	\$43.89
<b>96103</b>		Psychiatric Testing for Diagnosis/Evaluation (With Computer And Professional Interpretation) (1 Unit = 1 Test)	\$27.36
<b>97001</b>		Physical Therapy Evaluation (1 Unit= 1 Evaluation/Day)	\$64.68
<b>97003</b>		Occupational Therapy Evaluation (1 Unit= 1 Evaluation/Day)	\$68.87
<b>97110</b>		Individual Physical Therapy (1 Unit = 15 Minutes)	\$25.29
<b>97150</b>		Group Physical Therapy (1 Unit = 15 Minutes)	\$4.00
<b>97535</b>		Individual Occupational Therapy (1 Unit = 15 Minutes)	\$27.10
<b>97535</b>	HQ	Group Occupational Therapy (1 Unit = 15 Minutes)	\$4.00
<b>97537</b>		Home/Community Individual Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$5.01
<b>97537</b>	HQ	Home/Community Group Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$2.14
<b>E1399</b>	U8	Specialized Medical Equipment (75% of vendor's retail price)	Manual Price
<b>H0004</b>		Individual Medical Psychotherapy (1 Unit = 15 Minutes)	\$13.52
<b>H0004</b>	U4	Individual Medical Psychotherapy for Nursing Home Participants (1 Unit = 15 Minutes)	\$13.52

<b>H0004</b>	HM	Supportive Counseling (1 Unit = 15 Minutes)	\$8.00
<b>H0024</b>		Intensive Behavioral Intervention – Consultation (1 Unit = 15 Minutes)	\$11.35
<b>H2000</b>		Developmental Therapy Evaluation (1 Unit = 15 Minutes)	\$4.53
<b>H2000</b>	U4	Developmental Therapy Evaluation for Nursing Facility Participants (1 Unit = 15 Minutes)	\$4.53
<b>H2011</b>		Community Crisis Support (1 Unit = 15 Minutes)	\$11.35
<b>H2014</b>		Individual Developmental Therapy – Center for Children (1 Unit = 15 Minutes)	\$4.53
<b>H2014</b>	HQ	Group Developmental Therapy – Center for Children (1 Unit = 15 Minutes)	\$1.80
<b>H2014</b>	U4	Individual Developmental Therapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$5.01
<b>H2014</b>	HQ/U4	Group Developmental Therapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$2.14
<b>H2015</b>	U8	Individual Supported Living (1 unit = 15 Minutes)	\$3.24
<b>H2015</b>	HQ U8	Group Supported Living (1 Unit = 15 Minutes)	\$1.91
<b>H2016</b>		Daily Supported Living Services High Support School Based, School Days (1 Unit = 1 Day)	\$178.33
<b>H2016</b>		Daily Supported Living Services Intense Support School Based, School Days (1 Unit = 1 Day)	\$212.46
<b>H2016</b>		Daily Supported Living Services Intense Support School Based, Non-School Days (1 Unit = 1 Day)	\$268.36
<b>H2016</b>	U8	Daily Supported Living Services Intense Support (1 Unit = 1 Day)	\$268.36
<b>H2019</b>		Intensive Behavioral Intervention – Professional (1 Unit = 15 Minutes)	\$11.35
<b>H2019</b>	U8	Behavioral Consultation by a QMRP/Clinician (1 Unit = 15 Minutes)	\$6.42
<b>H2019</b>	U8-U1	Behavioral Consultation by a Psychiatrist (1 Unit = 15 Minutes)	\$10.02
<b>H2019</b>	HM	Intensive Behavioral Intervention – Paraprofessional (1 Unit = 15 Minutes)	\$5.10
<b>H2019</b>	U8 HM	Behavioral Consultation Emergency Intervention Technician (1 Unit = 15 Minutes)	\$2.90
<b>H2021</b>		Individual Developmental Therapy – Home/Community for Children (1 Unit = 15 Minutes)	\$5.01
<b>H2021</b>	HQ	Group Developmental Therapy – Home/Community for Children (1 Unit = 15 Minutes)	\$2.14
<b>H2022</b>		Daily Supported Living Services High Support (1 Unit = 1 Day)	\$225.32
<b>H2022</b>		Daily Supported Living Services High Support School Based Non-School Days (1 Unit = 1 Day)	\$225.32
<b>H2023</b>	U8	Supported Employment (1 Unit = 15 Minutes)	\$5.25
<b>H2032</b>		Center Based Individual Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$4.53
<b>H2032</b>	HQ	Center Based Group Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$1.80
<b>S5100</b>	U8	Adult Day Care (1 Unit = 15 Minutes)	\$1.50
<b>S5121</b>	U8	Chores Services (Skilled)	Manual Price
<b>S5140</b>	U8	CFH Provider Affiliated With a ResHab Agency (1 Unit = 1 Day)	\$53.39

<b>S5160</b>	U8	Personal Emergency Response System Installation	Manual Price
<b>S5165</b>	U8	Environmental Accessibility Adaptations	Manual Price
<b>S5170</b>	U8	Home Delivered Meals (1 Unit = 1 Meal)	\$5.23
<b>S9125</b>	U8	Respite Care Daily (1 Unit = 1 Day)	\$53.39
<b>T1000</b>	U8	Skilled Nursing Services, Independent RN (1 Unit = 15 Minutes)	\$6.12
<b>T1000</b>	U8 TE	Skilled Nursing Services, Agency LPN (1 Unit = 15 Minutes)	\$5.20
<b>T1000</b>	U8 TD	Skilled Nursing Services, Agency RN (1 Unit = 15 Minutes)	\$7.65
<b>T1001</b>	U8	Nursing Oversight Services of LPN (1 Unit = 1 Visit)	\$35.59
<b>T1001</b>	U8 TD	Nursing Oversight Services of Agency RN (1 Unit = 1 Visit)	\$44.49
<b>T1001</b>	U8 TD	Nursing Oversight Services of Independent RN (1 Unit = 1 Visit)	\$35.59
<b>T1005</b>	U8	Respite Care (1 Unit = 15 Minutes)	\$2.12
<b>T1013</b>		Sign Language Services (1 Unit = 15 Minutes)	\$12.50
<b>T1028</b>		Social History/Evaluation (1 Unit = 15 Minutes)	\$9.94
<b>T2024</b>		Comprehensive Intensive Behavioral Intervention Assessment (1 Unit = 15 Minutes)	\$11.35

If you have any questions please contact Lourie Neal, Office of Reimbursement Division of Medicaid at (208) 287-1162 .